

Exhibit A

Part A: Detailed Work Plan**DWP #****Rev#** _____ **Date Revised** _____

Est. Starting Date	Counties				
Pest (List species and/or species complex):					
Environmental Assessment Name/Number:					
Date FONSI signed: _____					
Types of Environmental Monitoring Anticipated: <input type="checkbox"/> Insecticide <input type="checkbox"/> Additional					
Resources needed:					
Endangered Species Act Section 7 local consultation status: <input type="checkbox"/> pending <input type="checkbox"/> initiated <input type="checkbox"/> completed <input type="checkbox"/> not applicable <input type="checkbox"/> other _____					
Land Ownership Specify Private, State, Federal Agency, Tribe, etc.	Est. Acres	Letter(s) of Request	Cooperative Agreement	Escrow Letter	
Estimated Costs	PPQ	State	Private	Other	Other
RAATS Used? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Pretreatment Densities _____/square yard					
Remarks: NPDES Information (if applicable). Include date of evaluation, land manager requesting assistance, sensitive issues (bees, water, endangered species, organic farms, etc.). Attach map if applicable. State if treatment is recommended.					
Signature of PPQ Plant Health Director			Date		